

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/890632	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1					51			
2	1		1				52			
3	2		1				53			
4	2		1				54			
5	2		1				55			
6	1						56			
7	1						57			
8							58			
9	3						59			
10	①						60			
11	①						61			
12							62			
13	1						63			
14	1						64			
15	1						65			
16	1						66			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			4				TOTAL DEP.			
TOTAL CLAIMS		3					TOTAL CLAIMS			